

# Quick Reference Guide

## Flexible Spending Account (FSA)



**Important News: Navia Benefit Solutions will replace WageWorks as the administrator of our Flexible Spending Accounts and COBRA. This change is effective 1/1/18 and communications will be sent out to participants in November and December.**

A flexible spending account (FSA) lets you set aside pretax dollars from your paycheck to pay for certain health and dependent care expenses. Re-enrollment (or first-time enrollment) in an FSA is required each year during open enrollment if you want an FSA for the following year.

King County offers two types of tax-saving flexible spending accounts:

- **Health care FSA:** Lets you set aside pretax dollars from your paycheck to pay for certain expenses not covered by your health plans (for example, deductibles, coinsurance, copays, etc.). Up to \$500 of unused funds may be carried over to the following year and used for eligible expenses.
- **Dependent care FSA:** Lets you set aside pretax dollars to pay for eligible dependent daycare expenses for your child, disabled spouse or dependent parent while you and your spouse work.

### 1. Enter open enrollment.

- <https://ess.kingcounty.gov/psp/SVCP1/SELFERVICE/?cmd=login>
- Click on the "Benefits" tile
- Click on "Open Enrollment" box on far left

### 2. Once you have entered the *Open Enrollment* main screen, click on the **Edit** button next to either:

- *Flex Spending Health U.S.* >> For health care-related expenses
- *Flex Spending Dependent Care* >> For dependent care-related expenses

Benefit Election	Full Cost	Credits	Before Tax	After Tax	Edit
Flex Spending Health - U.S. Current: Waive New: Waive	0.00	0.00	0.00	0.00	Edit
Flex Spending Dependent Care Current: Waive New: Waive	0.00	0.00	0.00	0.00	Edit

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3. **Health care FSA:** Choose an annual election amount between **\$300 - \$2,600** and click the **Continue** button. This election is for health care-related expenses.

The screenshot shows the 'Employee Self Service' interface with a 'Benefits' header. On the left is a navigation menu with options: Benefits Summary, Insurance Summary, Healthy Incentives Id, Dependent/Beneficiary Info, Dependent/Beneficiary Coverage, Health Care Dependent Summary, **Open Enrollment** (highlighted in green), and Summary Plan Description. The main content area is titled 'Open Enrollment' and 'Flex Spending Health - U.S.'. It includes an 'Employee Name' field, a description of the Health Care FSA, and a note about the IRS carryover provision. A red arrow points to the text 'Your annual election must be between \$300 and \$2,600' with the annotation 'Exciting carryover provision'. Below this is a 'Plan Options' section with radio buttons for 'Waive' and 'Flex Health Acct' (selected). A red arrow points to the 'Flex Health Acct' option with the annotation 'Enter contribution amount between \$300 and \$2,600'. At the bottom, there is an 'Annual Election' input field circled in red, a 'Worksheet' link, and a note: 'Click Worksheet to help calculate your annual election for this plan year.'

4. **Dependent care FSA:** Choose an annual election amount between **\$300 - \$5,000** and click the **Continue** button. This election is for dependent care expenses.

The screenshot shows the 'Employee Self Service' interface with a 'Benefits' header. On the left is a navigation menu with options: Benefits Summary, Insurance Summary, Healthy Incentives Id, Dependent/Beneficiary Info, Dependent/Beneficiary Coverage, Health Care Dependent Summary, **Open Enrollment** (highlighted in green), and Summary Plan Description. The main content area is titled 'Open Enrollment' and 'Flex Spending Dependent Care'. It includes an 'Employee Name' field, a description of the Dependent Care FSA, and a note about the annual election amount. A red arrow points to the text 'Your annual election must be between \$300 and \$5,000' with the annotation 'Enter contribution between \$300 and \$5,000'. Below this is a 'Plan Options' section with radio buttons for 'Waive' and 'Flex Dep Care' (selected). A red arrow points to the 'Flex Dep Care' option with the annotation 'Enter contribution between \$300 and \$5,000'. At the bottom, there is an 'Annual Election' input field circled in red, a 'Worksheet' link, and a note: 'Click Worksheet to help calculate your annual election for this plan year.'

5. Carefully review your elections and ensure that you have elected the right kind of coverage for your situation.
6. Read and authorize King County to take the deduction for flexible spending by clicking on the **OK** button.

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Employee Self Service

Benefits Summary

Insurance Summary

Healthy Incentives Id

Dependent/Beneficiary Info

Dependent/Beneficiary Coverage

Health Care Dependent Summary

Open Enrollment

Benefits

Open Enrollment

Flex Spending Health - U.S.

Employee Name

Your Choice

You have chosen to enroll in the Flex Health Acct plan with an annual pledge of \$2,000.00.

Your Contributions

Your approximate per-pay-period contribution will be \$76.92.

Notes

Authorization:

I authorize King County to withhold a portion of my pre-tax employment compensation and deposit these funds to the FSA(s) I've designated above. In consideration of King County allowing me to participate in the plan, I agree to abide by the terms, conditions and provisions of the plan. I have been informed the plan may be modified from time to time and I agree King County may cancel or amend the plan according to its independent judgment and discretion. I understand I will be notified in advance of any changes.

I acknowledge the Internal Revenue Code and the plan, permit me to claim reimbursement only for my eligible expenses incurred after the effective date of my FSA elections. I understand the Internal Revenue Code prohibits me from claiming the Federal Child Care Tax Credit for dependent care assistance expenses which are reimbursed to me by the plan. I assume full responsibility for all taxes, penalties, interest or other consequences, which may be assessed to or imposed on me by any state, federal or other governmental taxing authority as a result of my requesting and receiving reimbursements from the plan for disallowed expenses.

I choose to participate in the FSA program with the knowledge that my salary reduction elections may reduce my FICA withholdings (Social Security) which may reduce my Social Security benefits upon retirement.

I understand I must claim reimbursement for eligible expenses incurred during the calendar year on or before 90 days after the last day of the year or I will forfeit those reimbursements. I also understand that I may not make any changes to my annual election unless I have a qualifying life event.

Health Care FSA: I understand that up to \$500 of unused funds may be carried over for use in the following calendar year for eligible expenses.

Dependent Care FSA: I understand that I may file claims for eligible dependent care expenses as I incur them but I will not receive reimbursement until I have actually contributed the funds.

OK

Edit

7. If you have no other changes, follow the instructions at the bottom of the main *Open Enrollment* screen to click **Submit** to submit your open enrollment choices to Benefits, Payroll and Retirement Operations. You must then hit the Final Submit button to finalize all open enrollment choices. **If you do not submit your changes, they will not be processed!**

**We are here to help!**

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